

**APPLICATION FORM**

Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What best describes your institution? (check all that apply)

\_\_\_Research Extensive-Intensive

 (doctoral granting)

\_\_\_Land grant university

\_\_\_Masters College/University

 (4-year BA with masters programs)

\_\_\_\_Baccalaureate Colleges

 (4 year institutions--liberal arts)

\_\_\_\_Associate’s colleges

 (community college, other two-year

 college)

Department/program of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_

Present Duties and Responsibilities:

Check the categories that best describe your primary duties and responsibilities.

[ ]  Graduate Student [ ]  Teaching Faculty [ ]  Research Faculty

 [ ]  Extension Faculty [ ]  Clinical Faculty

Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A complete application packet includes the following materials:**

 **Completed Application Form**

 **Biographical Sketch (no more than 250 words)**

 **Research Outline** (no more than 5 double-spaced pages)

 **Nomination Form**

 (The completed form may be included in the packet submitted by the applicant, or forwarded directly to the selection committee by the Evaluator. Please indicate in your application if the form will be sent separately. *ALL MATERIALS MUST ARRIVE BY THE APRIL 1st DEADLINE*.)

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**A complete application packet includes the following materials:**

*In addition to the completed application form, you MUST include the following:*

1. Biographical sketch. In no more than 250 words, provide pertinent information, addressing the following points:
* Institutional affiliation
* Position and career goals (Faculty track? Extension professional? Community-based positions?)
* Research interests
* (Previous) experience with engaged scholarship and/or community-based research
* (Previous) professional experience related to engagement and community-based research
* Other related experiences/interests

NOTE: This information will be shared with fellow participants, and posted on-line on the Emerging Engagement Scholars Workshop homepage. Please provide information that you feel comfortable posting in these public settings.

**2)** Research proposal. In no more than five (5) double-spaced pages, outline a scholarly project you are working on or plan to work on that addresses a community-based issue and includes community partners, or studies engagement in higher education.

* What do you want to do?
	+ Problem statement
	+ Significance of the problem
	+ Research question(s)
* How do you plan to do it?
	+ Research design
	+ Data to be collected
	+ Methods for data collection
	+ Participants/subjects
* Are community members involved in designing and/or conducting this project? If so, how are they involved? If not, could they be involved? How?

**3)** Photo/web release form signed

**4)** Nomination form sent by your faculty advisor or department chair or administrative supervisor (see next page)

Name of nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit application materials by **April 1, 2016** to: Dr. Jennifer Purcell, Kennesaw State University

1000 Chastain Road, MD 1802, Kennesaw, GA 30144

 Email: jpurce10@kennesaw.edu Phone: (470) 578-2863

Email submissions are preferred – please attach MS Word or PDF documents.



**Participant Model Release Form**

**Release for use of photographs and/or recordings taken during the 2016 Emerging Engagement Scholars Workshop**

I hereby assign full copyright of photographic images and video/audio recordings to the Engagement Scholarship Consortium (ESC) together with the right of reproduction either wholly or in part. I agree that the ESC can use the above-mentioned images and recordings either separately or together, either wholly or in part, in any way and in any context, particularly including release on Web sites. The ESC may have unrestricted use of these images for whatever purpose, including promotion of the Workshop, Web site, or other functions, with any reasonable retouching or alteration. I will not initiate legal claims or demands against either the photographer/videographer or the ESC regarding any of the above mentioned images. I have read this release form carefully and fully understand its meanings and implications.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Please check here if you do not want your name to appear in conjunction with any

 photographic images in which you may appear.

**Permission to publish contact information**In applying to participate in the 2016 Emerging Engagement Scholars Workshop, I gave the ESC permission to disseminate my name and a biographical sketch that I provided to other participants and through its public Web site. I give the ESC further permission to publish the following contact information through its Web site or print materials to promote further communication among current, past, and future participants (please mark all that apply):

\_\_\_\_ My postal address

\_\_\_\_ Institution

\_\_\_\_ My phone number:

\_\_\_\_\_ My e-mail address:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Faculty Mentor/Department Chair Nomination Form**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Mentor/Department Chair’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_

**The successful applicant for this program should possess the following qualities on a scale of 1 to 3.**

3 = candidate’s work/experience fully embodies this quality

 2 = candidate shows potential in this area

 1 = candidate has shown no evidence of this quality

N/A = evaluator has no knowledge or experience with the candidate

 relevant to this quality

* Involved or interested in research that contributes to their discipline while making a positive impact on external stakeholders.
* Demonstrate a desire for new learning about engaged scholarship
* Demonstrate an interest in working with faculty across disciplines to explore and learn more about how engaged scholarship might be carried out
* Demonstrate the capacity to effectively communicate the results of their research to public, academic, and other external audiences

\_\_\_\_\_ Overall Rating

**Please use only the space provided on this form to respond to the following questions:**

How will the candidate benefit from her/his participation in the 2016 Emerging Engagement Scholars Workshop?

What specific learning opportunities do you hope to see the candidate experience during this event?

**Note: Acceptance to the Emerging Engagement Scholars Workshop requires the successful applicant’s full attendance to ALL scheduled sessions and the entire Engagement Scholarship Consortium Conference. If they do not attend all of the sessions and conference, they will be invoiced for the amount of the Engagement Scholarship Consortium Conference registration fee.**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_

**PLEASE COMPLETE THIS NOMINATION FORM AND RETURN (email attachment or postage service):**

Dr. Jennifer Purcell, Kennesaw State University

1000 Chastain Road, MD 1802, Kennesaw, GA 30144

 Email: jpurce10@kennesaw.edu Phone: (470) 578-2863